



What's new?

- * You now have two Independent Physician Association choices in the Cigna Limited Network plan.
 - Cigna KelseyCare
 - Renaissance IPA
- * Medical plan contributions are increasing

The good news

Benefits remain the same for both medical and dental

What do I need to do?

- * If you are happy with your current selections – **do nothing**, your coverage will remain the same
- * If you want to switch or drop plans or dependants, complete an online enrollment form
- * Update your beneficiary – It's important that your beneficiary is up-to-date so that your benefits will go to the right person
- * If your or your dependent becomes Medicare eligible, you must enroll in Medicare Parts A and B as well as a city Medicare plan. Medicare-eligible retirees or dependents are not eligible to participate in a Cigna plan.



Medical plan options

Cigna Limited Network

- * Similar to an HMO
- * All your medical care comes from an IPA, either Kelsey-Seybold or Renaissance
- * Medical services provided outside of your IPA won't be covered, except for emergencies
- * You have the freedom to choose doctors within your IPA
- * There are copayments but no deductibles for medical services
- * 4-tier prescription-drug plan with a \$100 individual /\$300 family deductible

Cigna Open Access

- * Most like a PPO
- * You'll be able to visit any of the 572,800 providers in Cigna's national network without referrals, but only emergency services are covered out of network
- * Copayments for routine and specialists doctor visits
- * For other services, there is a deductible
- * After you've reached your deductible, you'll pay a 20-percent coinsurance for services
- * 4-tier prescription-drug plan - no deductible

If you are happy with your current plan, you don't need to do anything, your coverage will remain the same.

Consumer-Driven Health Plan

- * Same spacious network as the Open Access plan, but it also allows you to go out of network at higher deductibles and coinsurance
- * This plan is the lowest monthly contribution option
- * High deductible of \$1,500 individual/ \$3,000 family
- * More money out of your pocket at time of service
- * Includes a health reimbursement account where the city pays the first \$500 to \$1,000, depending on which tier you are in
- * 4-tier prescription-drug plan; you'll pay a 20-percent coinsurance for all four tiers

Retirees of Texas Option Plus

- * Same network as Cigna Open Access
- * Available only to retirees who live in Texas, but outside of the counties in the Cigna Limited Network plan
- * Same benefits as the Cigna Limited Network plan

Monthly retiree contributions

	Cigna Limited Network	Cigna Open Access	CDHP	RTOP
Non-tobacco users				
Retiree only	\$280.90	\$468.18	\$234.10	\$468.18
Retiree + spouse	\$730.38	\$1,217.32	\$608.66	\$1,217.32
Retiree + children	\$449.48	\$749.12	\$374.56	\$749.12
Retiree + family	\$898.94	\$1,498.26	\$749.12	\$1,498.26

Enroll online at www.houstontx.gov/oe



Cigna Limited Network plan IPA comparison

Although providers and referral processes are unique to each, the benefits are exactly the same for the Cigna KelseyCare and Renaissance IPAs. Key differences are listed in the chart to the right.

- * Family members may be in different IPAs
- * You may switch between the IPAs effective the first day of the month following your request
- * If you would like to switch to Renaissance, find a PCP on the doctor directory found at www.houstontx.gov/oe and go online to mycigna.com or call Cigna to designate your PCP. Renaissance requires you to name a PCP.

IPA comparison		
	Kelsey-Seybold	Renaissance
Service area	Includes all Kelsey-Seybold clinics within 14 counties	12 counties
PCP	No	Yes
Pods	No	Yes - there are 11 geographical pods comprised of PCPs and specialists. Your care will be coordinated within the same pod as your PCP.
Referrals	No	Yes



Medical plan features at-a-glance

	Cigna Limited Network	CIGNA Open Access	Consumer-Driven Health Plan	
			In-network	Out-of-network
Health Reimbursement Account, plan deductibles, maximums				
Health Reimbursement Account	No	No	Yes City contributes \$500 individual / \$1,000 family	
Coinsurance	No	You pay 20%	You pay 20%	You pay 40%
Plan year deductible	No	\$400 Individual / \$800 Family	\$1,500 Individual / \$3,000 Family	\$3,000 Individual / \$6,000 Family
Plan year out-of-pocket maximum	\$1,500 Individual/ \$3,000 Family	\$3,000 Individual / \$6,000 Family	\$5,000 Individual / \$10,000 Family	\$10,000 Individual /\$20,000 Family
Benefits				
Office visit	\$30	\$35	You pay 20%	You pay 40%
Specialist visit	\$60	CIGNA Care Network Specialist \$60 Non-CCN Specialist \$75	You pay 20%	You pay 40%
Preventive care	No Charge	No Charge	No charge	You pay 40%
inpatient hospital	\$500 copayment per day (\$1,000 per participant per plan year)	You pay 20%	You pay 20%	You pay 40%
Outpatient surgery	\$300 copayment per visit \$600 plan year maximum copayment	You pay 20%	You pay 20%	You pay 40%
Advanced radiological imaging	You pay a per scan copayment of \$100	You pay 20%	You pay 20%	You pay 40%
Hospital emergency room	No charge after \$200 per visit copayment	You pay 20%	You pay 20%	You pay 40%
Ambulance	No charge after \$100 per day copayment	You pay 20%	You pay 20%	You pay 40%
Urgent care services	No charge after \$60 per visit copayment	No charge after \$75 per visit copayment	You pay 20%	You pay 40%
Prescription benefits				
Prescription deductible	\$100 individual/\$300 family	No	No	
Generic	\$10	\$10	20% after plan deductible	
Preferred brand	\$45	20% (\$45 min/\$100 max)		
Non-preferred brand	\$60	40% (\$55 min/\$150 max)		
Specialty	\$100 - Only available through Cigna Home Delivery	40% (\$55 min/\$150 max)		



Wellness

Wellness is an integral part of the city's health plans and includes a health assessment, coaching programs and much more. All available at no cost to members.

Employees are required to take the health assessment and participate in wellness coaching, or they will pay more in contributions. Retirees are encouraged to take advantage of the free wellness programs, but are not subject to the surcharge.

Log on to mycigna.com and spend some time looking around - there's a wealth of wellness information and programs geared towards getting your health on track.

Available wellness programs include:

- * [Mycigna.com](http://mycigna.com)
- * Access to personal health coach over the telephone
- * Discounts for gym memberships
- * Discounts for alternative medical practices
- * Discounts for vitamins and more
- * Access discounts through Healthy Rewards at mycigna.com



Dental plan options

We still have two great dental plans: the **DHMO**, a dental health-maintenance organization with a network of dentists and the **Dental Indemnity** plan, a traditional plan that lets you receive a comprehensive range of dental services from the provider of your choice anywhere in the United States.

Reminder: you may switch dental plans, but if you are not already enrolled, you may not enroll in a dental plan.

The rates and benefits remain the same this year. For a plan comparison, visit the enrollment website.

Retiree dental contributions

	DHMO	Indemnity
Monthly contributions for retirees		
Retiree only	\$9.00	\$31.58
Retiree + one	\$20.68	\$72.66
Retiree + family	\$28.36	\$99.50



Becoming Medicare eligible

You become Medicare eligible on the first day of the month in which you turn 65, or if your birthday is on the first of the month, on the first day of the prior month. If you or a dependent becomes Medicare eligible, you must apply for Medicare parts A and B. **Do not apply for Medicare Plan D.** All city Medicare plans include a prescription benefit equal to, or better than Medicare Plan D. Medicare-eligible retirees or their Medicare eligible dependents are not eligible to participate in a city Cigna medical plan. You should start the process to enroll in Medicare at least three months in advance.

Once you receive your Medicare card or acceptance letter, you must enroll in one of the six Medicare plans offered by the city. Your coverage will become effective on the first day of the month after your enrollment forms are received by the benefits division. And, you can change plans at the first of any month.

If you need assistance navigating the Medicare process, contact the Human Resources benefits division. Our customer service representatives can help guide you.

The good news is that you will get comparable medical care at a fraction of the cost that you had been paying.

Medicare plan monthly contributions

Aetna ESA PPO	\$84.50
KelseyCare Advantage HMO	\$35.78
KelseyCare Advantage POS	\$58.83
Medicare supplement plan F* with prescription drug plan	\$88.70
Texas HealthSpring	\$35.00
TexanPlus HMO	\$41.74

*Excludes disabled members under age 65



Eligibility and enrollment

You are eligible for retiree coverage if:

- * You're a retiree now covered by a city medical plan.
- * You're a survivor of a deceased city employee or retiree, up to dependent children age limits and application of other plan rules.
- * You're a deferred-retired employee who will become eligible to receive a pension within five years after termination, and you continuously pay the monthly retiree contribution for health coverage.
- * You're a retiree who opted out of your city health-care plan after Jan. 1, 2010.

Your eligible dependents are defined as:

- * Legal spouse
- * Natural or adopted children to age 26
- * Children to age 26, over whom you have legal guardianship or legal foster care
- * Grandchildren and stepchildren to age 26 if they qualify as your dependents for federal income-tax purposes and live with you
- * Disabled dependents over age 26 who are incapable of self-sustaining employment because of mental retardation or physical handicap. The dependent must be primarily dependent on you for more than 50 percent of financial support and approved for coverage after age 26
- * Dependents (children and grandchildren) for whom a court order has been received requiring the retiree to provide health care coverage, provided HR benefits receives the court order within 31 days after issuance. After a divorce, an ex-spouse is not eligible. A divorce decree may not be amended to require a retiree to cover an ex-spouse under a city medical plan.
- * Changes to your benefits are limited to open-enrollment periods, unless you have a qualified change in family status. The change in benefits must be consistent with the status change.

For retirees, changes to your benefits are not limited to open-enrollment periods.

Enrolling in a plan

Enrollment will be online. Visit www.houstontx.gov/oe between April 1 - 17 to make changes or elections.

If you add new dependents, you have until April 30 to provide the necessary documentation, or those dependents will not have coverage. Documents include marriage license and birth certificates.

Notice!

If you are medicare-eligible and have End Stage Renal Disease or you are ineligible for Medicare, you may be covered under a Cigna Plan. The rates in this pamphlet do not apply to you. You will receive notice of rates that apply to your plan.

Any questions?

For more detailed information, plan summaries, enrollment tools and more, visit the website at www.houstontx.gov/oe.



Contacts

Cigna

800-997-1406

cityofhouston.serviceinquiries@cigna.com

www.mycigna.com

United Healthcare (National Pacific Dental)

866-605-2599

DHMO | www.yourdentalplan.com/npd

Indemnity | www.myuhcdental.com